U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Property

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

La Company			
1. File Number U - 30/C/	2. Fiscal Year Covered From:		
	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person fling.	Name, file number, and address of labor organization.		
Name	Name Allied Pilots Association		
Paul B. Rich	Labor Organization File Number 059-849		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, If any		
smood 8174 COPEnhagen Way	Street 14600 Trinity Blvd., Suite 500		
on Boca Ratoo	City Fort Worth		
State TL ZIP Code +4 33434_	State TX ZIP Code + 4 76155-2512		
5. Position in labor organization. SAFETY Committee N	Tember		
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the except as specified in the except as interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizations.	Rusions set forth in the instructions): r derived income or other economic benefit of		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
.	7.b. Amount,		
Street			
City			
State ZIP Code + 4			
Sig	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompar undersigned's knowledge and belief, true, correct, and complete. (See the s	tying documents), has been examined by the signatory and is, to the best of the		
Signed Paul B Rich	On 7/6/05 56/45/3428 Date Telephone Number		
Form LM-30 (2003)	Page 1 of 2		

Name of Person Filing	File Number U- 30/4

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bidg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4 12.b. Amount.

or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name American Airlines, Inc.		14.a. Nature of payment.	
		Positive space travel pass for union business.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 4333 Amon Carte	er Blvd.		
Fort Worth			
State TX	ZIP Code + 4 76155-2605		
13.b. is the Business an Employer	X or Consultant ?	14.b. Amount of payment.	